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FROM:

Terry W. Kramer

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DATE:

November 19, 2007

SUBJECT:

U.S. Patent Application

Title: PROTECTED AND HIGH AVAILABILITY PATHS

USING DBR REROUTE PATHS

Serial No.: 10/699,786

Attorney Docket No.: ALC 3095

PAGES:

INCLUDING COVER PAGE (5)

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PTO/SB/21 (11-07) Approved for use through 11/30/2007, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond collection of information unless it displays a valid OMB control number. Application Number 10/699,786 TRANSMITTAL Filing Date November 4, 2003 FORM First Named Inventor Michael Ellsworth Weedmark Art Unit 2616 Examiner Name Dady Chery (lo;be used for ell correspondence after initial filing) Attorney Docket Number ALC 3095 Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) ✓. After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify Extension of Time Request Terminal Disclaimer Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Terry W. Kramer Reg. No. November 19, 2007 41,541 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature nebisW**fi**nsmit Typed or printed name Date November 19, 2007

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of Information unless it displays a valid OMB control number Effective on 12/08/2004 Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/699,786 TRANSM Filing Date November 4, 2003 For FY 2008 First Named Inventor Michael Ellsworth Weedmark Examiner Name Dady Chery Applicant claims small entity status. See 37 CFR 1.27 2616 TOTAL AMOUNT OF PAYMENT \$510.00 Attorney Docket No. ALC 3095 METHOD OF PAYMENT (check all that apply) Chéck ✓ Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0578 Deposit Account Name: Terry W. Kramer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1,17 WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIÇ FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** mail Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant : 210 105 310 155 160 80 Reissne 310 155 510 255 620 310 Provisional 210 105 0 ٥ 0 2. EXCÈSS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissucs) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20, Indep, Claims Extra Claims Fee (\$) <u>Fee Paid (\$)</u> - 3 or HP = HP = highest number of independent dalms paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Notice of Appeal \$510.00

Signature	Jenny W. Fram	Registration No. (Attorney/Agent) 41,541	Telephone 703-519-9801
Name (Print/Type) To	erry W. Kramer	(Adultiey/Adult)	Date November 19, 2007
This collection of info	alea la constitución de desarrollo		1 1101011100110, 2007

R 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, OSPTO to process) an application. Continentiality is governed by 30 U.S.O. 122 and 37 OFR 1.14. This confection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/31 (11-07)

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Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES I hereby certify that this correspondence is being facsimile transmitted In re Application of to the USPTO or deposited with the United States Postal Service with Michael Ellsworth Weedmark sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-Application Number Filed November 4, 2003 1450" [37 CFR 1.8(a)] 10/699,786 11 19 FOY PROTECTED AND HIGH AVAILABILITY PATHS USING DBR REPOUTE PATHS Art Unit Examiner Jimani Walden Typed of original 2616 Dady Chery Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. . 510.00 The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet, The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0578 . I have enclosed a duplicate copy of this sheet, A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. Kramer See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Fam PTO/SB/96) Typed or printed name attorney or agent of record. 41,541 703**-**519-9801 Registration number Telephone number attorney or agent acting under 37 CFR 1.34. November 19, 2007 Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of forms are submitted.

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